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Capt. David Bitonti, left, salutes Rear Adm. Markham K. Rich, commandant of Naval District Washington, as he assumes command of Naval Support Activity Bethesda from Capt. Frederick "Fritz" Kass, center, Sept. 5.



Photos by Mass Communication Specialist 2nd Class Nathan Parde

Capt. David Bitonti speaks to those in attendance after assuming command of Naval Support Activity Bethesda. "I am truly excited and honored for the opportunity to be the commanding officer of NSAB," said Bitonti.



Capt. Frederick "Fritz" Kass prepares to walk past the Naval Support Activity Bethesda Sideboys with his wife, Leslie, and family. This will be the last time he is saluted in uniform, immediately following his official release from Naval service.

NSAB Holds Change of Command Ceremony

By Mass Communication
Specialist 2nd Class
Nathan Parde
NSAB Public Affairs
staff writer

Capt. David Bitonti relieved Capt. Frederick "Fritz" Kass as commanding officer (CO) of Naval Support Activity Bethesda (NSAB) during a change of command ceremony in Memorial Auditorium Sept. 5.

Bitonti, a native of Greensburg, Pa., graduated from Saint Vincent College in 1981 with a bachelor of

arts in chemistry and received a doctor of dental medicine degree from the University of Pittsburgh School of Dental Medicine in 1985. Upon graduating, he was commissioned as a lieutenant in the Navy Dental Corps. His commands included Naval Dental Center Charleston, the USS Holland (AS 32), Naval Dental Center Norfolk and the USS Enterprise (CVN 65).

In October 1997, following his second tour aboard the Enterprise, Bitonti reported to the National Naval Medical Center as staff surgeon and associate director of the

Oral and Maxillofacial Surgery Residency Program. He was then chosen to serve duty as an adviser to the Surgeon General, U.S. Navy Bureau of Medicine and Surgery and a member of the Presidential Support team. In October 2003, Bitonti became the head of the Oral and Maxillofacial Surgery/Dental Department at the National Naval Medical Center.

In July 2009, Bitonti was named the deputy commander for Integration and Transition at the National Naval Medical Center. There, he oversaw the Base Realignment

and Closure (BRAC) initiative, directing the merger of the facility with the former Walter Reed Army Medical Center to form Walter Reed National Military Medical Center (WRNMMC). In December 2011, Bitonti was named the senior military advisor to the commander of WRNMMC, where he served until his selection as commanding officer for NSAB.

"I am truly excited and honored for the opportunity to be the commanding officer of NSAB," said Bi-

See **COMMAND** page 5

Commander's Column



This is my last column as Commander of Walter Reed National Military Medical Center, (WRNMMC.) Words cannot express how enjoyable and rewarding these last two years have been for Joyce and me. We will miss the many friends we have met and made here at Walter Reed Bethesda.

There are significant reasons why Walter Reed Bethesda is called the "Nation's Medical Center." The miraculous work performed here each and every day, and the world-class care and compassion you provide our nation's heroes and their families are why you are a preferred provider of our nation's leaders. Your hard work, efforts and accomplishments do not go unnoticed.

Not long after I assumed command, we officially became WRNMMC, bringing together the best of Army and Navy Medicine to create the best of Military Medicine, as inscribed on the monument in our beautiful Healing Plaza. As I stated in my first Commander's Column, "Although it is easy to think we have reached the goal of integration, in reality integration has just begun. Together we will forge ahead with one vision of the future of the WRNMMC." We accomplish this everyday by "creating extraordinary experiences for our patients, families and staff while driving tomorrow's healthcare advances," which is called for in our Strategic Plan.

During the past two years, as a joint team of service members, civilians, contractors and volunteers, we have faced a number of challenges and excelled. We established the Strategic Plan, setting our vision on continuing to provide and advance world-class care, and we've built this vision on the pillars of readiness, quality of care, service excellence, the business of healthcare, education and research, and on a strong foundation of people and resources. This plan guides our commitment to excellence at Walter Reed Bethesda.

As testament of this excellence, in March 2012, we successfully completed our first Joint Commission Survey as WRNMMC, achieving full accreditation. Of significant note, there was not one negative finding in patient care areas, and Joint Commission Survey Team Leader, Dr. Marvin Kolb commented, "From every patient experience to every interaction with staff, we felt and heard, what you do matters. We thank you for your commitment. It's world-class."

Also within the last two years, WRNMMC

achieved the following accreditations: Annual Food and Drug Administration Accreditation of the Blood Bank and Administration of Mammography 2012 and 2013; AABB Accreditation of Blood Bank in 2012; College of American Pathologists Accreditation of Laboratory in 2012; and Annual Accreditation of Radiation Safety Program in 2012 by the Navy and Marine Corps Public Health Center.

We established the only DoD Center of Excellence in Cancer Care, dedicating the John P. Murtha Cancer Center

November 2012. This modern, patient-centric, tri-service military healthcare facility is the comprehensive core of military and civilian Oncologists and cancer-trained clinicians and researchers who provide multidisciplinary cancer-care delivery and patient-family support services, offering our valued patients access to cutting-edge cancer diagnostic and treatment technologies.

In the area of Graduate Medical Education (GME), you trained more than 700 GME and allied health individuals and 9 of our GME programs received full accreditation and 6 received the maximum accreditation possible.

In research, you hosted the first WRNMMC Research Summit in the spring of 2013 identifying opportunities to leverage our research support infrastructure, promoting external partnerships and improving our investigators competitiveness for funding and viability as partners within the Military Health Care System, the new way forward for research – enhancing the multi-service market.

You've accomplished all of this despite BRAC challenges, staffing obstacles, tighter budgets, and furloughs. I encourage you to continue to do what you have admirably done for the past two years -- remain focused on why we are here: To provide world-class care of our Wounded Warriors and those serve our nation, have served and their families. Continue to take care of those who rely on you, take care of each other, take care of yourselves, and never forget, "What You Do Matters." Fair Winds and Following Seas.

**Commander sends
Rear Adm. Alton L. Stocks
MC, USN
Walter Reed National Military
Medical Center**

Bethesda Notebook

Prostate Cancer Support Group

The WRNMMC Prostate Cancer Support Group meets twice on Sept. 19, in the America Building River Conference Room, third floor of the America Building adjacent to the Center for Prostate Disease Research. The day session is from 1 to 2 p.m., and the evening session is from 6:30 to 7:30 p.m. For more information, contact retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@health.mil.

Healing, Recovery from TBI

The National Museum of Health and Medicine hosts a free program, "A Visual Journey of Healing and Recovery from TBI," on Sept. 24 from 6 to 7 p.m. at the Silver Spring Civic Building, Fenton Room, 1 Veterans Place in Silver Spring, Md. The program includes artist Eliette Markhbein's personal brain injury story, told through her revealing self-portrait and through the stories of 12 other brain injury survivors. Join Markhbein for this review of her experiences and her exhibit "WHACK'ed ... and then everything was different," which is on display at the National Museum of Health and Medicine until Sept. 30. This event is free and open to the public. For more information, call 301-319-3303 or visit <http://www.medicalmuseum.mil>.

Ask Your Leadership

'Ask Your Leadership' is a new staff communication tool for you to view and post questions or comments for official responses from the Walter Reed Bethesda command leadership. The tool is on the WRB Intranet page. Click on the Town Hall/Leadership Forum icon, and then click on 'Ask Your Leadership'.

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Celebrating the Birthday of Maj. Walter Reed

Medical Center Carries On Legacy of Namesake

By Bernard S. Little
WRNMMC Journal
staff writer

"It has been permitted to me [and] my assistants to lift the impenetrable veil that has surrounded the causation of this most dreadful pest of humanity, and to put it on a rational and scientific basis ... The prayer that has been mine for 20 or more years, that I might be permitted in some way or sometime to do something to alleviate human suffering, has been answered!"

Maj. Walter Reed wrote this to his wife on New Year's Eve 1900 after the team he led in Cuba confirmed the theory that a particular mosquito species is the vector of yellow fever.

Tomorrow marks the 162nd birthday of Maj. Walter Reed, the U.S. Army physician after whom Walter Reed National Military Medical Center (WRNMMC) is named.

"He was a doctor, a teacher, a scientist and a gentle, courteous man," according to retired Col. (Dr.) John R. Pierce, co-author of the book "Yellow Jack: How Yellow Fever Ravaged America and Walter Reed Discovered Its Deadly Secrets."

"Highly motivated," is how Pierce describes Reed in the PBS American Experience documentary, "The Great Fever." "He worked most of his life with the idea that there was going to be an opportunity for him to make a big difference," Pierce said of Reed.

Born in Belroi, Va., on Sept. 13, 1851, Reed became one of the youngest students to earn a medical degree from the University of Virginia when he received it in 1869, five months before turning 19. He earned a second medical degree in 1870 from New York University's Bellevue Hospital Medical Center, interned at several New York City hospitals, worked for the New York Board of Health and then joined the U.S. Army Medical Corps, spending most of his service in the American West.

"Reed is a frontier doctor basically," explained Jim

Writer, Pierce's co-author. "Most of his career [was] spent out on the frontier: Indian country in Arizona, Kansas [and] Nebraska. He takes a class in bacteriology [at] Johns Hopkins, and it begins to transform him, brings him into contact with the new science of medicine. He moves from this frontier doctor, working in small Army posts, and becomes a scientist."

Reed joined the faculty of the George Washington University School of Medicine and the Army Medical School in Washington, D.C. in 1893, where he held the professorship of bacteriology and clinical microscopy. In addition to his teaching, he pursued medical research projects and served as the curator of the Army Medical Museum, now the National Museum of Health and Medicine (NMHM) located at Fort Detrick's Forest Glen Annex in Silver Spring, Md., about five miles from Walter Reed Bethesda. The museum still has Maj. Walter Reed's microscope as part of its collection. "It's currently on display in one of our galleries," said Melissa Brachfeld, public affairs specialist at NMHM.

In 1896, Reed helped prove yellow fever among enlisted men stationed near the Potomac River wasn't from drinking river water. He showed civilians drinking from the river did not fall ill as Soldiers did drinking from the same water. He found that the enlisted men who got yellow fever were those who took trails through the swampy woods at night.

Reed traveled to Cuba as part of the typhoid board in 1898. There, he helped discover that typhoid was spread by contact between people and flies soiled with fecal matter. Then in 1900, he was appointed head of the Army board charged to examine tropical diseases including yellow fever.

In Cuba with the U.S. Army Yellow Fever Commission, Reed and his team conducted a series of controlled experiments. Later in 1900, he announced his team had proved a certain mosquito,

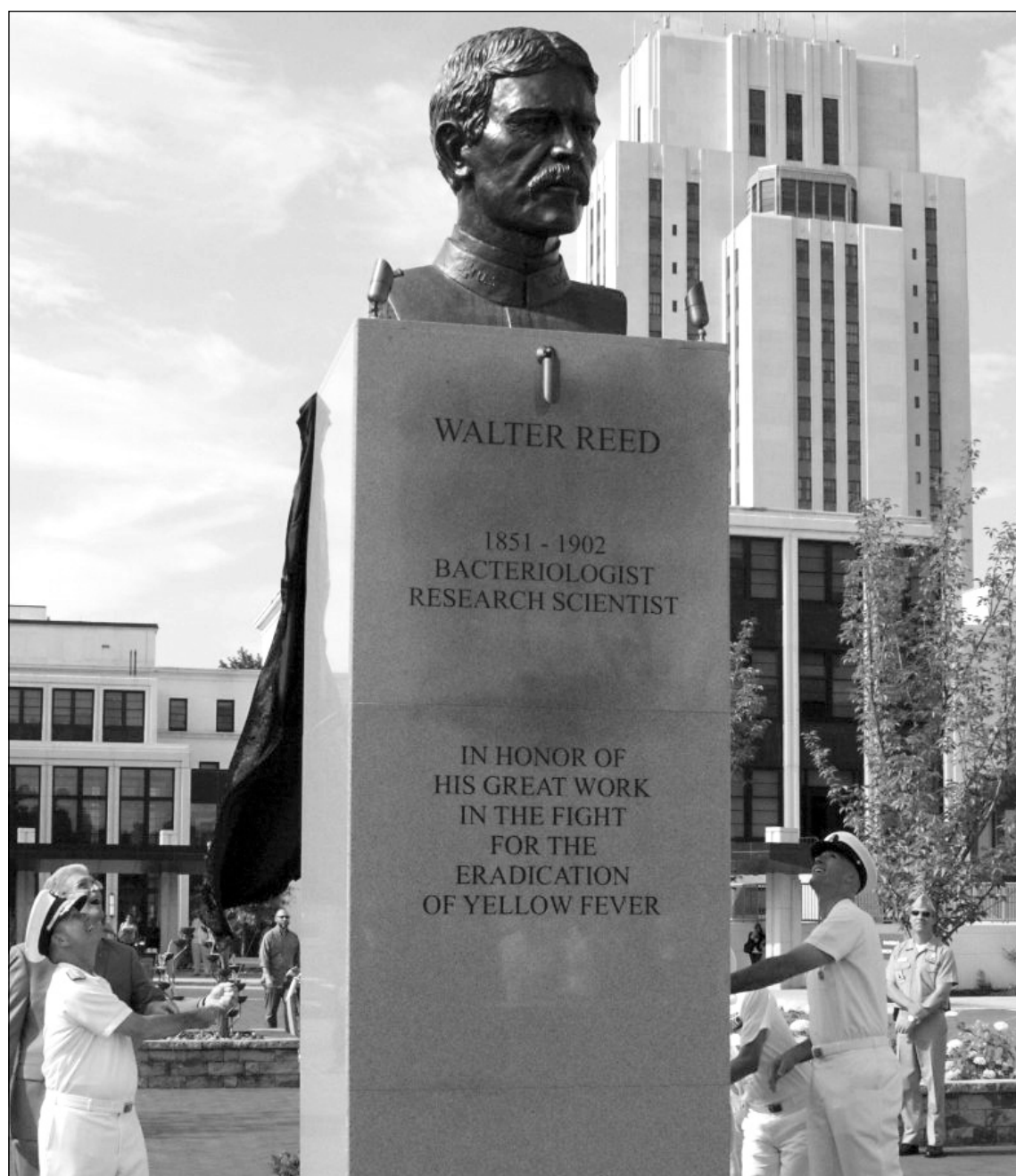


Photo by Bernard S. Little

Leaders and former leaders of Walter Reed National Military Medical Center, Naval Support Activity Bethesda (NSAB), the former Walter Reed Army Medical Center, U.S. Army Medical Command and Army medicine, unveil the Maj. Walter Reed memorial during the dedication of the Healing Plaza at NSAB on June 28.

Aedes aegypti, served as the intermediate host for the yellow fever parasite.

Although Reed received much of the credit, he often recognized Cuban physician Dr. Carlos Finlay for the discovery and how yellow fever might be controlled, and American physician Dr. Jesse William Lazear, who allowed himself to be bitten by a yellow fever-infected mosquito during the experiments, from which he died at age 34.

Reed returned from Cuba in 1901, and in November 1902, died from complication of an appendectomy. He was 51. Buried in Arlington National Cemetery in his home state of Virginia, Reed's headstone includes a plaque with the words, "He Gave To Man Control Over that Dreadful

Scourge Yellow Fever."

During the 160th birthday celebration for Maj. Walter Reed at WRNMMC in 2011, Pierce said the Walter Reed medical center is what made the man famous.

Walter Reed General Hospital first opened its doors on May 1, 1909, eight years after the death of the physician after whom it was named. The name was changed to Walter Reed Army Medical Center (WRAMC) in September 1951, at the centennial of Reed's birth. In 2011, WRAMC and the National Naval Medical Center became Walter Reed National Military Medical Center.

"[Maj. Walter Reed] is known because of the hospital," Pierce said. "The name is now here and so Walter Reed

will continue to be known because of the work done at this institution."

Though a cure for yellow fever has not been found, nor the virus eradicated, in the United States, there has not been a yellow fever epidemic for more than 100 years, according to the World Health Organization, whose officials estimate there are annually, 200,000 cases of the disease, and 30,000 deaths globally because of yellow fever. Most of those are in tropical and subtropical areas of South America and Africa.

For more about yellow fever and the vaccine, visit the Centers for Disease Control and Prevention website at <http://www.dcd.gov/yellowfever/index.html>.

New Acapella Chorus Group Forms at WRB

By Mass Communication Specialist 2nd Class
John K. Hamilton
NSAB Public Affairs
staff writer

The newly forming Walter Reed National Military Medical Center (WRNMMC) Chorus is currently seeking members to add to its ranks.

The chorus is being organized and directed by Capt. Paul Andreason, attending psychiatrist of the Trauma Recovery Program, and Cmdr. Moira McGuire, whom both have more than 12 years experience directing the United States Public Health Service Vocal Ensemble, together.

"Both of us come from musical backgrounds," said Andreason. "In the Public Health Service we didn't have any musical billets, so anything we provided for ceremonies was on a volunteer basis. We organized it and that group now performs on a regular basis.

"Here at Walter Reed we want to put together a group

not only so we can sing and have a group for the employees, but so we can also support awards, functions, retirement ceremonies and special programs like the Cancer Arts festival. We want to make a group that can meet once a week so we can rehearse and build a repertoire of songs that would be performed at the types of functions that are held at Walter Reed, free of charge."

Andreason is hoping to add members who have or had a singing background and can commit to weekly rehearsals. Anyone who is interested, but has not sung in a while will have the opportunity to refresh their skills.

"Music is like any other endeavor — there is always learning involved," said Andreason. "Since we are asked to put programs together on a fairly short basis, we do want people to be able to read music and have at least a high school chorus background, because it makes it so much easier to put things together. People need to be able to sing well enough so that if they are



Photo by Mass Communication Specialist 2nd Class John K. Hamilton

Led by Cmdr. Moira McGuire (far right), a group from the United States Public Health Service Vocal Ensemble perform during an event held at the National Intrepid Center of Excellence.

the only people singing their part they will be comfortable in a small group in front of a large number of people who may be their peers or supervisors.

"It is a group where adults can get together and have the same musical experience that they had in high school or college, but with a minimum time commitment."

Some of the music that the chorus will perform include, "This is My Country," "Star Spangled Banner," "Navy Hymn" and the "West Point Alma Mater." However, there is also an opportunity for members to bring in their own music selections.

"There will be a lot of performance opportunities with pieces of music that I think




are fairly well known," said Andreason. "People can also bring their own music to the group and have the group learn things that they would be able to sing with other people. But the bottom line is, we want to be a performance and service-oriented group here at Walter Reed

See **CHORUS** page 10

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COMMAND

Continued from 1

tonti. “Our mission is simple, to take care of the visitors, active duty and the civilian employees who serve on a daily basis. Support is in our name and we are here to do that for you.”

Rear Adm. Markham K. Rich, commandant of Naval District Washington, presided over the change of command ceremony. In his remarks, Rich praised Kass for his ability to lead the installation in a period of transition. Kass assumed command as NSAB’s second CO on Oct. 18, 2011, only one month after BRAC.

“It has been a privilege, a true once-in-a-lifetime honor, to have been the commanding officer of Naval Support Activity Bethesda,” said Kass.

Dietition Offers Healthy Lunch Box Ideas

By Cheryl Hostetler
Registered Dietitian
Nutrition Services Department

Do you more often than not find yourself in a “rut” as you pack your children’s school lunches? Also, do you wonder if they really do eat what you lovingly pack for them? Here are some ways to make those lunches more enjoyable to pack and more fun for your children to eat.

- Start with the lunch box. Make sure it’s clean by having more than one lunchbox for your child. Overtime, mold and bacteria easily get into the “nooks and crannies” and can contaminate food. With two lunchboxes, you can rotate using them—send one on Monday and then the other on Tuesday, allowing time to wash them in-between use.

- Be safe when packing the lunch. Keep cold foods cold by using a reusable ice-pack. Pack the lunch the night before and put it in the refrigerator overnight. This step chills the lunchbox itself to help keep the foods cold. You also need to keep hot foods hot. You can do this by using a thermos. Remember to fill it with boiling water and let it sit for a couple of minutes before filling the thermos. This step helps to heat the thermos itself.

- Try a Japanese bento box. With separate compartments, you can fill your child’s lunchbox with a variety of different foods—carbohydrates, protein, veggies, fruits and sometimes, a small treat. The compartments help with portion control and lead to a healthy variety of foods. Select foods that provide a balance of colors, flavors and textures, all arranged in a fun way.

- Involve your children in what they want for lunch. Remember it’s not your lunch. Let your children help pack their lunches the night before, giving them some control over what they choose to take. If you pack celery sticks and your children hate them, they won’t eat them.

- Make your life easier on hectic mornings. Brainstorm with your children on the foods they like that can be eaten cold or at room temperature. Write them down and post them on your fridge for instant inspiration when you’re packing their lunches.

- Forget the rule that lunch has to include a sandwich, chips and a cookie. Try an assortment of cold strips of grilled chicken and raw veggies

“The effort put forth every day to make this a special place for staff, visitors and guests never stopped impressing and amazing me. I will miss being a part of something so important and meaningful. Thank you for all you have done and continue to do.”

Kass will be retiring with his family – his wife, Leslie, and daughters Sophie, Margo and Elise.

Naval Support Activity Bethesda’s mission statement is to create an environment that enables patients to heal, help staff to thrive and make guests feel at home. The NSAB vision is to provide customer-focused installation management and base operating support to its tenant activities in their pursuit of excellence, while partnering in healing, wellness, research and education.

For more news from NSAB, visit www.cnic.navy.mil/bethesda or www.facebook.com/NSA-Bethesda.



Photo by Mass Communication Specialist 2nd Class Nathan Parde

Guests and participants from the change of command ceremony stop by the Building 1 Rotunda for refreshments after the ceremony.

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Seminar Strengthens Family Bonds

By Ryan Hunter
NSAB Public Affairs
staff writer

Brigade Chaplain Lt. Col. Frank O'Grady and Staff Sgt. Ricardo W. Cortez held the Strong Bonds Family Seminar at the Hilton Garden Inn on August 2.

Started during the beginning stages of the Gulf War in 1919, Strong Bonds was originally created to support the families of deployed Soldiers. Over time the program grew and expanded into a multimillion dollar operation in effect throughout the entire Army. Today, the program is "built to strengthen the resiliency of families whether down range or those left home," explained Cortez. "We have guidelines, but we shape the programs to what suits the people in our area."

Of the Soldiers, wives and family members who approach O'Grady, 85 percent have problems relating to oth-



Photo by Ryan Hunter

Chaplain Lt. Col. Frank O'Grady and Staff Sgt. Ricardo W. Cortez teach couples how to manage stress.

ers and relationships. "When folks get married they have specific needs initially. Five years down the road those needs change. Unless couples work on a year by year basis it's going to eventually create a problem," explained O'Grady. He highly recommends the workshop to families to assess growth and change in any family dynamic. "It's for good

marriages, not so good marriages and perfect marriages."

The focus of the program is not just on wounded warriors but cadre as well. "The wounded warriors focus is more about coping on a day to day basis, and having your spouse understand what you're going through as well," said Cortez. "For the cadre we really believe in caring for the care-

giver, and showing how to effectively work here as well as being a good father or mother."

The workshop is led mainly by the chaplain, but much of the talking occurs directly between couples in attendance. Topics discussed include giving and receiving affection, dealing with stress, conflict resolution, personality cohesion and forgiveness. After the couples speak in private, common issues are shared with the group. O'Grady stresses that even if families are reluctant to talk to others about their problems, they should still be addressed. "No, you don't have to talk about your marriage [in a public forum]; but you do have to talk to each other."

The seminar is mainly designed for married couples, but caters to children as well. A separate conference room and professional childcare services are provided for younger children, while older teenage family mem-

bers are encouraged to attend and participate in group discussions. "They need to come as a family," stressed O'Grady.

Families of all faiths are encouraged to attend. "It's not a religious retreat. We tell them that upfront," explained O'Grady. "Sometimes we use examples from the Bible but we're very careful not to push our own religious ethic."

Preference goes to Soldiers, but other service members are welcome to apply. "It's an Army funded program, but if anyone wants to come we don't turn them down," said O'Grady.

In the past, the program lasted for two days and frequented popular tourist locations like Ocean City and Williamsburg. Due to budget cuts, the program only lasts one day, but provides free transportation, breakfast and lunch. "The one day retreat is obviously a bigger challenge to us, because

we don't have as much time, so we're going to give them a couple of sessions in the morning and then give them time in the afternoon to reflect," said O'Grady. The program is planning to return to its weekend length in October.

The chaplain advises all families that can't attend the seminar to take time and open dialogues with each other. "If you can't resolve conflicts after talking to each other, talk to someone else," said O'Grady. "We've got 10 social workers in the brigade and all of them are good counselors. The last thing you need to do is break up. Breaking up is an easy way out."

The next Strong Bonds Family Seminar will be held Sept. 20. at the Hilton Garden Hotel in Bethesda. To find out more about the seminar, contact O'Grady at 301-400-0292 or Cortez at 301-400-3593.

Clark to Assume Command of Walter Reed Bethesda

By Bernard S. Little
WRNMMC Journal
staff writer

Army Brig. Gen. (Dr.) Jeffrey B. Clark will assume command of Walter Reed National Military Medical Center (WRNMMC) during a ceremony at 2 p.m. on Sept. 19 in front of the Tower (Building 1) on Naval Support Activity Bethesda.

He will assume command from Rear Adm. (Dr.) Alton L. Stocks, the first commander of WRNMMC, the nation's largest joint military medical center. The rear admiral is retiring after 34 years of active duty service. He became commander of

WRNMMC on Sept. 28, 2011.

A family medicine physician, Clark most recently held the Army's top medical post in Europe, as commander of U.S. Army Europe Regional Medical Command and command surgeon of U.S. Army Europe. He began that leadership position in May 2012. When he takes the helm of WRNMMC, the brigadier general will become the first Army officer to lead WRNMMC.

Clark, a graduate of Davidson College (N.C.), East Carolina University School of Medicine, the U.S. Army Command and General Staff College,

and the Army War College, earned a Master of Public Health at the University of Washington and a Master of Strategic Studies at the Army War College.

The general completed his family medicine residency at Silas B. Hays Army Community Hospital at Fort Ord, Calif., and served as a family physician and flight surgeon in Korea and at Fort Bragg, N.C. He also served as faculty and clinic director of the Womack Army Community Hospital Family Medicine Residency at Fort Bragg, as well as senior medical officer of C Company, 307th Medical Battalion, 82nd Airborne Division during Op-



U.S. Army photo

Brig. Gen. (Dr.) Jeffrey B. Clark

eration Desert Shield/Storm. He went on to serve as the 82nd Airborne Division surgeon from 1993 to 1995, and commanded the 168th Area Support Medical Battalion, Korea from 1997 to 1999. He was also chief of primary care and family medi-

cine at Womack from 1999 to 2001.

While assigned to Wuerzburg Medical Department Activity/67th Combat Support Hospital (CSH) from 2001 to 2004, Clark served as deputy commander for clinical services, and commander of Task Force Medical Falcon, Kosovo. He also commanded the 21st CSH from 2005 to 2007, leading unit deployments to New Orleans in support of the Hurricane Katrina Relief Operation and during Operation Iraqi Freedom, providing health care in the Iraqi theater of operation.

From 2008 to 2010, Clark was chief of preventive medicine at

Darnall Army Medical Center at Fort Hood, Texas, and commander, 65th Medical Brigade/U. S. Army Medical Department Activity-Korea, and as U.S. Forces Korea/United Nations Command/Combined Forces Command (USFK/UNC/CFC) surgeon. He then served as chief of Medical Corps Branch, Human Resources Command, Fort Knox, Ky., prior to commanding Landstuhl Regional Medical Center from 2011 to 2012, and becoming the Army's top medical officer in Europe in May 2012.

Stocks, in addition to commanding

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Vice Chairman Joins in Opening Wounded Warrior Retreat

**By Amaani Lyle
American Forces
Press Service**

On a sprawling, tree-framed landscape, the vice chairman of the Joint Chiefs of Staff joined about 400 guests Friday for the official grand opening of Boulder Crest Retreat in Bluemont, Va., for seriously wounded service members, veterans and their families.

Navy Adm. James A. Winnefeld Jr. commended retired Navy Master Chief Petty Officer Ken Falke and his wife, Julia, who donated the land and realized their vision of providing free use of a lodge, cabins, activities and programs that provide respite and aid in reconnection, recovery and rehabilitation.

"As more than 12 years of war come to a close for the magnificent men and women who have been fighting it, our collective obligation to take care of them will not end," Winnefeld said. "The majority of the seen and un-

seen injuries our warriors have endured from Iraq, ... Afghanistan and other places are scars they'll bear for life."

With medical facilities such as the Walter Reed National Military Medical Center and others just a road trip away, Boulder Crest Retreat, Winnefeld said, goes the extra mile to not only be a home away from home, but a home away from clinics and hospitals.

"The severity of many veterans' physical and emotional trauma suggests long-term care needs that will surpass our publicly available medical capacity well into the future," the admiral said.

The 37-acre, Americans With Disabilities Act-accessible retreat already has proven popular, with bookings in each of its four private cabins through 2013 and projected recreation and resources for 250 to 500 families each year.

Each cabin accommodates



Department of Defense photo by Mass Communication Specialist 1st Class Daniel Hinton

Vice Chairman of the Joint Chiefs of Staff Admira James A. Winnefeld spoke at the official grand opening of Boulder Crest Retreat for seriously wounded service members, veterans and their families in Bluemont, Va. Friday.

up to six people and is available for two- to 14-day stays, and guests also can gather in the 6,000-square-foot, two-story lodge to connect with

other families and participate in programs.

Visitors also can enjoy outdoor amenities such as an archery range, nature trails,

a playground, an organic garden, a bird sanctuary and a fishing pond, while rec-

See **RETREAT** page 10

New Study Seeks to Help Families Suffering From Loss

**By Ryan Hunter
NSAB Public Affairs
staff writer**

There are dozens of services and resources aimed at supporting families suffering from the loss of a service member, however very little is known about how these families deal with loss. The National Military Family Bereavement study, headed by retired Army Col. and Uniformed Services University of the Health Sciences (USU) Professor of Psychiatry (Dr.) Stephen Cozza, aims to correct this.

Organized by the USU Center for the Study of Traumatic Stress, the study was designed to create policy to better provide services and support for surviving military families.

"If you look at American society today, the average age people die is over 65, and typically of chronic medical conditions. We [in the services] have an extraordinarily young population that die as adolescents. The majority of service members that die do so typically between the ages of 18-40 and leave behind young families," said Dr. Jill

Harrington-LaMorie, senior field researcher for the study.

The occurrence of such young deaths creates an unusual situation for surviving family members. According to Conner, this "puts certain family members in greater risk for having more difficulty in coping due to the violent nature of the death," but, also "can create a sense of meaning that helps them cope because of the meaning of their service."

The study is historic, the first ever of its kind funded by the Department of Defense with such a broad scope. "A lot of [studies] look at dependents and spouses. [We are focusing on] the impact, not only of an individual in the family, but also the family as a unit," said Harrington-LaMorie. "We look at families of procreation, which are spouses and children, ex-spouses, adult partners and children as well as families of origin or parents and siblings."

The various causes of service member death are also taken into account. According to Cozza, only about 30 to 40 percent of the families interviewed in the study were surviving members of a



combat related casualty. The majority of their study so far involves deaths related to accidents, medical illness, suicide and homicide. In order to be eligible for the study, the family must be related to a service member who died while on active duty after Sept. 11, 2001.

Conducted in a number of incremental steps, designed to respect the privacy of military families, the study discovers their unique and varied experiences. The first phase of the study is a short 15 to 20 minute online questionnaire, focusing mainly on how the individuals are doing.

The second phase involves face to face conferences over the course of two years, which measures the change in emotions the families experience over time. This phase also allows participants of all ages, giving researchers "an opportunity to understand, where there's very little information, the impact of service death on children," said Cozza. Later phases gleam more in-depth information, such as group sessions designed to create discussions of familial roles and experiences, as well as saliva tests which pinpoint genetic markers for grief responses.

While useful for gathering information, the study has also had a profound effect on the researchers and their subjects. "I am continually humbled by the fact that they give so much of their time and we pretty much give them nothing in return," said Harrington-LaMorie, who conducts 40 focus groups for the study around the country. "This is not an intervention study, but I've had people tell me they find participating can be therapeutic."

Dr. Cozza encourages those who can to participate. "We know so little about the needs of this particular population of military family survivors. The willingness for all or as many individuals who can to participate in the study will ensure that their experiences and voices are heard. In the future, people who have experiences similar to theirs will benefit from what we learn. What they do and say and how they participate makes a difference."

If you wish to take part or learn more, visit the National Military Family Bereavement study website at militarysurvivorstudy.org.

CLARK

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WRNMMC, commanded the Navy Medicine National Capital Area for the past two years. A Baltimore native and 1972 graduate of the U.S. Naval Academy with a Bachelor of Science degree in Mathematics, the admiral completed the Navy's Nuclear Power Training and Submarine School prior to serving on USS Andrew Jackson (SSBN 619) and USS Long Beach (CGN 9) before transferring his commission to the Navy Medical Corps. He received his medical degree from Georgetown University School of Medicine.

As WRNMMC's first commander, Stocks was responsible for the daily operational control of the largest academic medical center in the Military Health System (MHS). Leading a staff of approximately 7,000 members, he oversaw the medical center's first Joint Commission survey in May 2012, which resulted in full accredita-

tion for WRNMMC. While commanding WRNMMC, the admiral also commanded Navy Medicine National Capital Area, which included Naval Health Clinic Annapolis, Navy Health Clinic Patuxent River and Naval Health Clinic Quantico. He also served as advisor to the Board of Regents of the Uniformed Services University of the Health Sciences, and presided over the first ever National Initiative for Arts and Health in the Military at Walter Reed Bethesda. He also worked closely with medical leadership and staffs at civilian and military medical facilities within the National Capital Region, including DeWitt Army Community Hospital at Fort Belvoir; Malcolm Grow Medical Center at Joint Base Andrews, Md.; Kimbrough Ambulatory Care Center at Fort Meade, Md.; and the DiLorenzo TRICARE Health Clinic, sub-command and sub-clinic of WRNMMC.

In the case of inclement weather, the retirement and change of command ceremony will be moved into the Memorial Auditorium.

LUNCH

Continued from 5

served with honey mustard sauce for dipping. Or how about hummus or black bean dip (both full of filling fiber and protein) served with baked pita chips and raw veggies? Instead of chips, try air-popped popcorn with a sprinkling of grated Parmesan cheese.

- Add some variety to your child's lunch. You can easily do this by changing something as simple as the bread. The next time you make a sandwich, try substituting a bagel, hamburger bun, or pita bread. How about brown-rice cakes with peanut butter, all-fruit spread or low fat cream cheese? Even the classic PB&J (peanut butter and jelly) is more fun to eat in a whole-wheat wrap. When selecting these, choose whole-grain or whole-wheat products for their nutritional value.
- Skip the packaged drinks. Have your children buy milk at school so it's

fresh and cold. If your child will only drink chocolate milk, allow it. It's better than drinking no milk at all. Dietitians recommend milk or water over juice, but if you do send juice, it should be 100 percent fruit juice. The sugar-laden juices can increase the risk of obesity.

- Make a fruit smoothie. Send it in a thermos or make the smoothie the day before and freeze it overnight. By lunchtime, it will be nice and slushy. Blend skim milk, vanilla low-fat yogurt, pineapple-orange juice, frozen strawberries, and banana together for a good source of protein and vitamin C.
- Pass on using pre-packaged, processed foods. Although convenient to use, they're expensive and often loaded with sodium. The Dietary Guidelines for Americans, 2010 recommend that Americans aged 2 and up reduce sodium intake to less than 2,300 milligrams (mg) per day. For example, one product with nachos, cheese dip and salsa contains 1,160 mg sodium. Another one with

crackers, bologna, cheese, and candy provides 1,210 mg sodium. Both provide 50 percent of the day's recommended amount for sodium!

- Never forget dessert! Just be sure to offer something that is healthful. Pudding cups or yogurt cups both offer good sources of calcium. Or try air-popped popcorn dusted with cinnamon and sugar for a good source of fiber. Also, don't forget the nutritional value of fresh or canned fruit — always a good choice for dessert.

Packing lunches for your children can be a challenge, but before you know it, they'll be high school seniors and you're getting ready to send them off to college. Until then, starting them off right by packing healthy school lunches is important, as each lunch offers an opportunity to improve your child's diet.

If you have more questions or wish to speak to a registered dietitian about your child's diet, make an appointment in the Out-patient Nutrition Clinic by calling 301-295-4065.

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Pentagon Clinic Participates in Emergency Exercise

By Natalie Hedrick
DiLorenzo TRICARE Health Clinic

DiLorenzo TRICARE Health Clinic (DTHC) staff at the Pentagon participated in an emergency operations command center exercise Aug. 13. The exercise, Gallant Fox, involved several leaders from military, medical and force protection agencies located in and around the Pentagon grounds.

Based on a hypothetical situation that would have the potential to cause mass casualties and damage, leadership from DTHC, Pentagon Force Protection Agency, Washington Headquarters Service, and the Arlington County Office of Emergency Management reacted quickly to set up and sustain a functioning emergency operations command center in their respective locations.

The Emergency Operations Center (EOC) is one element of an operation involving several



Photo by Natalie Hedrick

Capt. Scott Gaught, Chief of Clinical Operations for the DiLorenzo TRICARE Health Clinic works with Mr. Cosmos Williamson, budget analyst, on the events log during the emergency operations command center exercise Aug. 13, at the Pentagon. The log is created to track every relevant event that unfolds during the exercise.

moving pieces to include emergency response teams and public relations. If a catastrophic event were to take place

on the Pentagon grounds, these moving pieces would come together in an attempt to control the situation.

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CHORUS

Continued from 4

so that we can provide live music for ceremonial events that otherwise would not be able to get live music budgeted.”

Mary Ann Fitzpatrick, health technician of executive medicine at WRNMMC and current chorus member, said being able to unite staff and patients using the universal language of music and just the chance to brighten someone’s day, is what made her join the ensemble.

“I had fun participating in WRB’s “Holiday Chorus” in 2012 and enjoyed meeting fellow medical center employees while entertaining staff and patients,” said Fitzpatrick. “I love the idea of singing patriotic tunes in honor of our active duty servicemen and women, wounded warriors and retirees.”

The WRNMMC Chorus gathers every Thursday from noon to 12:50 p.m. at Pastoral Care Department’s study room located on the second floor hallway between Buildings 7 and 8. For more information about the chorus or detailed instruction on how to get to the rehearsal site contact Andreason at 301-400-2107 or at paul.j.andreaseon.mil@health.mil.

RETREAT

Continued from 7

reational activities include nature walks, Shenandoah River kayaking and swimming, golf and tennis.

In addition to the retreat’s healing offerings of yoga, meditation, massage therapy, journaling, art and music therapy, Winnefeld also noted featured assistance therapy with dogs and horses, which resonates well with wounded warriors who may be weary of sudden noises and movements.

Winnefeld directly addressed wounded warriors, lauding them for their courage and buoyancy. “I’m continually amazed by your grit and resilience [and] your commitment to ability over disability.”

Julia Falke admired the courage not only of her husband, an explosive ordnance disposal technician, but also of fellow military families, which she said ultimately inspired her journey to Boulder Crest Retreat.

The Falkes lived in military family housing in both Scotland and her native England. “We’d always invite the young families stationed there to come and have dinner and feel the comforts of home,” she said.

“You could really see the difference it made.”

Thirty years later, the Falkes bought 200 acres of land in rural Virginia, where they took residence in a large, stone farmhouse atop the hilly grass and briar. The couple began visiting wounded warriors and their families at nearby military hospitals, and soon resumed the tradition of inviting guests over for home-cooked meals and relaxation.

But sending the troops back, Julia said, became less and less practical. So when a friend suggested a writer’s retreat for the Falkes’ countryside, Julia thought of something more meaningful.

“The more we started talking about [Boulder Crest Retreat], the more other people would come to us and say, ‘If you start it, we will help you,’” Julia said.

The Falkes soon secured a 501c3 charitable foundation status, and in less than a year, various donors poured more than \$5 million into the organization.

Julia said contributors ranged from the Boy Scouts of America to multi-billion-dollar corporations. “There has been every kind of involvement, the outcome has been unbelievable,” she said.

But the nascent project will continue to grow with the ideas and donations of those who support it,

Julia said. “I’ve been crying all day long,” she added. “To see it in reality is so amazing.”

Perhaps the most interesting style of arrival to the grand opening was that of wounded warrior Dana Bowman, who parachuted in by way of tandem jump with an American flag in tow.

In 1994, Bowman, a former special operations troop who once served with Falke, lost both of his legs after being injured while serving on the Army’s Golden Knights parachute team.

Standing tall on legs of steel, Bowman didn’t lose his courage, and he became the first double amputee to re-enlist in the U.S. military. So when Ken Falke asked him to attend the Boulder Crest Retreat grand opening, Bowman said, the decision to help his former comrade was easy.

“Absolutely, I said I’d be there to bring the American flag in ... and to land on target, and that’s exactly what we did,” Bowman said. “We’re able to come back, bring the whole team and tandem jump a warrior in for this special event and day.”

Bowman said the retreat, at is essence, is about giving back.

“At the end of the day,” he added, “we all bleed the same way, so we have to rally our troops from the different services to come out and make a difference.”

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